QUESTIONS FROM 4/28/06 CONFERENCE CALL

Can the state issue the ID number immediately and handle exceptions within 3 days?
The policy will be that providers must wait for receipt of the ID number before conducting an assessment. The intention is that screenings would be completed before the client comes in for an assessment. Providers must have the ID number to access information that will be in ASAIS about the client's history and past assessments. We will also look at developing a mechanism for determining whether or not a client is already in the system quickly by phone or e-mail.

In the data elements list, there are 2 numbers listed for disposition summary – what is the purpose?
This was an error and will be corrected in the final version of the data elements.

How will the HIV contract work in terms of clients who receive service from multiple providers?
A client will not be assigned to a specific provider. If they are receiving services at different providers, the system will track that. HIV services will not be handled under a separate agreement.

EDS currently requires paper claim for clients with other payers – providers need to show denial from the other carrier – it is manually processed – how will this be handled under ASAIS?
This is an EDS process that will not change under ASAIS, but we will work with Medicaid to determine if/when this process will change.

Are there funds in the grant available to providers?
There is no specific additional grant for the implementation of ASAIS. We are pulling resources from a variety of sources to support the initiative. We will ensure that the resources needed to meet requirements put in place by the state will be made available to providers.

Will we need to justify differences between LOC indicated by ASAM and actual LOC placement?
Yes, there is a field provided on the assessment summary for this purpose.
What happens?
It is recorded into the system. It will help the division to identify gaps in service and the documentation will serve to justify new programs and services.

What about court ordered people that don't meet screening criteria – these are usually self pay but are sometimes on disability, so they have Medicaid? May also be a condition of probation.
For court ordered, but not meeting assignment to a level of care, there will be an option to indicate that they were not assessed for a level of care, but were placed in one. The reason for the difference field would then have the option of a reason code for "court ordered".

Will copy of business analysis document be put on web?
No, they are documents developed between the Department and Harmony and will be used as the basis for manuals that will be developed and distributed to providers.

How much of clinical process will be structured vs having clinical judgement – ex. what if client chooses not to go residential – will they get paid?
No attempt is being made to override clinical judgment or client choice. These are both qualities we want to help reinforce with this system. The only additional requirement for the system is that these situations be documented and tracked in the system.

What if referral to another provider is declined – how will they know through the system?
We know the system will allow the provider to see that a client has been "closed" to a program they were referred to, but if other action is taken (i.e. placed on the wait list), we are looking at the options for notifying the provider who referred the client that action was taken.

When is a discharge required? Upon program completion?

Yes, a discharge is required when an episode of care has ended.

What is the time frame for lack of contact before discharge – will a standard be in the new contract?
There will be a time frame to indicate when a client must be discharged due to lack of contact. It will likely not be reflected in the contract, but in the language of the standards or policies and procedures for ASAIS.

Is the TELEForm going to take the place of the sign in sheet? – when kids fill it out, they will put things in that are not valid – like race is green.
The TELEForm will replace the sign-in sheet. The system will be able to handle invalid data, if it is entered.

Will ASAIS will be able to track referrals to programs not funded by state?
ASAIS will be able to track that a client was referred, to a non-state funded program, but no information will be collected beyond that point.

QUESTIONS FROM 4/14/06 CONFERENCE CALL

It is inappropriate to conclude that 1 "Yes" response on the adolescent screening form indicates "no problem" and "no action is suggested at this time". Each of the behaviors represents a fairly significant indicator of potential problem(s) for a teenager. Any "yes" response should result in further evaluation by clinical staff.
The screening form will not override clinical judgment. It is merely intended as a tool to collect information prior to a formal assessment.

Are footnotes necessary on the screening forms?
Footnotes are necessary because both of the sets of screening questions we are using were not developed by DMH/MR and require an appropriate citation.

QUESTIONS FORM 3/31/06 CONFERENCE CALL

Can an assessment be done before the ID# is received?
SASD's preference is that screenings should be done before a client comes in for an assessment.

Will there be a reimbursement available in the new rate structure for screening?
Yes

What information will be on the screen when a referral is received?
The assessment summary information will be available. That's one reason it is important to review the forms that have been released. Is the assessment summary enough information for a program who receives a referral to make a determination?

Will the additional forms that need to be completed for crisis residential be eliminated with the transition to assigning a level of care?
Yes, the additional forms will be replaced by the assignment of level of care.

Will providers still be able to place a client on multiple waiting lists?
Yes

Would a client who was assessed, but not referred have a discharge completed by the provider who assessed him/her?
No

Will there be ongoing training available?

Yes

Can a manager's report be available with activities summarized down to the user level?
We are investigating this possibility and will be asking providers for input on what this report should look like.

QUESTIONS FROM 2/13/06

Define ASAIS, Harmony, Two-Part Harmony and the relationship between each.
ASAIS, the Substance Abuse Management Information System, is the ***Payor System*** for the Division. Harmony is the ***Application.*** Two-Part Harmony is a ***Web-Based Portal*** for provider access to ASAIS.

How is information about 3rd party payment, i.e. private insurance, captured?
The 837 billing format captures 3rd party billing payments consistent with Medicaid requirements.

When are the 4 draft forms projected to be available?
The draft data forms have been released as of April 25, 2006.

Will the forms detail the required data elements?
The data elements required on each form were released in March 2006.

Will providers have opportunities for participation into the development of the forms?
Providers will be given the opportunity for input through the web-site and conference calls.

The faxing of forms seems to be an issue. What alternative methods of getting the required information will be available, i.e. electronic transmission to the division for printing for manual input?
Faxing of forms is not necessary if a provider chooses to use Two-Part Harmony. However, if a provider chooses to utilize data from their existing system, the faxing option is available. The Substance Abuse Division will explore with DMH/MR Data Management Staff the feasibility of utilizing the department's secure website for the transmission of an electronic version of the forms. SASD believes we will be able to accept electronic transmission of the forms, but not until some time after go live.

The ASAIS system has been explained as one that "sits on top" of existing provider systems. How can this be when the intake/update summary form must be input on-line into the Two-Part Harmony application?
ASAIS is SASD's *Payor System.* It was not designed to replace existing *Provider Systems.* SASD is committed to establishing systems integration wherever possible; however, this component of ASAIS has not yet been fully developed. Data from existing provider systems can be used to complete three of the four forms. The fourth form will have to be entered directly into Two-Part Harmony. Again, all four forms can be input through the Two-Part Harmony application.

Will the change of substance abuse standards aligned with Medicaid standards result in potential layoffs? Have the providers been polled to determine how many a change of this nature would affect?
The change in standards is to ensure that the same standard of care is provided, regardless of payor. All standards will be the same, and SASD does not see any reason to believe that this will result in layoffs.

Are provider's contractors or vendors?
Consistent with Medicaid usage, they are performing providers.

What increased costs will providers incur? Have the providers been polled to estimate costs associated with increased personnel for faxing, data entry, accounting, etc?

Increased costs will vary, dependent upon how local providers implement the changes. Numerous strategies may be employed, dependent upon each provider's existing data system and business practices. SASD will develop a structured process to assist providers in meeting ASAIS reporting requirements.

Providers have contracts with Medicaid. What compliance issues, in particular audits, will need to be addressed? How will Medicaid conduct compliance audits- with both the department and the provider?
The compliance issues do not change because of the route of billing. All compliance issues related to submitting a claim continue to reside with the provider, whether the claim is submitted to ASAIS or to EDS.

How can providers reconcile/accommodate billing differences incurred from retrospective Medicaid billing?
ASAIS will provide the actual fund source for each claim line on the 835. How providers reconcile this information is based upon their local information systems and internal accounting procedures. SASD can provide technical assistance to aid providers in the development of strategies to facilitate retrospective billing issues.

QUESTIONS FROM 1/31/06

Which screening instruments are being used?
We have identified the CRAFT for adults and the UNCOPE for adolescents.

How will providers be required to perform screening?
Providers currently conduct client screenings in a variety of ways. Clients may be screened in the office or they may be screened over the telephone. We see no reason to change this practice.

Will the SASD make arrangements for screening that are conducted nights/weekends?
SASD staff will respond on the first business day following the submission of any off hours screening. The SASD will reimburse providers for screenings.

Will the SASD contracts maintain the Block Grant partitions?
Yes, funding for prevention, HIV and special women's services will be identified and set-aside, as currently required by the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) protected. Flexibility will be allowed in treatment services that are reimbursed with general block grant, state and Medicaid funds. All programs will be allowed to determine the level provided of all services they are certified to provide. The only limitation will be the total contract amount; allowing flexibility to provide needed levels of services within the contract dollar amounts but not limited to pre-determined amounts of any particular service.

What prevention data will be required and who will be responsible for accumulating and reporting the required data?
Client demographic data, specific prevention activity data, and select prevention national outcome measures will be collected. We currently plan to develop a paper form that will be faxed to the department and read into ASAIS.

Will a unique client identifier be required for treatment and prevention?
A unique client identifier will be assigned to each client for whom screening/assessment and treatment services are provided and claims submitted. Prevention services are typically provided to a group and ID numbers will be assigned to groups not to individuals for Prevention.

How many screenings are completed now?
We do not know.

What if a client has been screened, assessed to need residential treatment and has been placed on multiple waiting lists?

Once a client is given a unique identifier and assessed to need residential they can be placed on multiple program waiting lists maintained through ASAIS.

Is ASAIS capable of providing counselor productivity level data back to the provider?
Productivity reports will be available for Providers to run through Two Part Harmony.

How will SASD address the difference between credential requirements for Medicaid and non-Medicaid services?
We are implementing one standard of care. It is the intent of SASD to bring all requirements into alignment prior to our go live date for ASAIS.

How will the prevention data be transferred to ASAIS?
A TELEform process is being explored which can be entered directly or faxed.

Is it possible to capture the required prevention data in the current client profile?
No.

How will active clients be identified on October 1, 2006?
We are looking at the possibility of data conversion which will allow the identification of all clients who are receiving services on September 30, 2006 and create the active clients file for October 1, 2006.

Will the data system needs of providers be considered?
Yes, the SASD is working with providers to ease the transition and assist to resolve any barriers.

Which assessment will be used?
Any assessment tool which collects the required data elements needed for the assessment summary will be acceptable.

How will contract amounts be aligned during the transition?
We plan to begin with current contract amounts and make adjustments over time according to demonstrated need. We have also sent out a provider survey to determine the current levels of care compared to the proposed, expanded levels of care.

How will the required data elements be encompassed in existing systems to interface with ASAIS?
All elements required have been released and we anticipate some changes will be necessary to allow provider systems to interface appropriately with ASAIS.